



Bib Data Sheet


**UNITED STATES DEPARTMENT OF COMMERCE**  
**Patent and Trademark Office**

 Address: COMMISSIONER OF PATENTS AND TRADEMARKS  
 Washington, D.C. 20231

<b>SERIAL NUMBER</b> 09/580,126	<b>FILING DATE</b> 05/30/2000 <b>RULE</b> _	<b>CLASS</b> 348	<b>GROUP ART UNIT</b> 2711	<b>ATTORNEY DOCKET NO.</b> 03046-P0003A	
<b>APPLICANTS</b> Samuel Louis Iserson, Wilton, CT ;  <b>** CONTINUING DATA *****</b>  <b>** FOREIGN APPLICATIONS *****</b>  <b>IF REQUIRED, FOREIGN FILING LICENSE GRANTED ** SMALL ENTITY **</b> <b>** 07/28/2000</b>					
Foreign Priority claimed <input type="checkbox"/> yes <input type="checkbox"/> no 35 USC 119 (a-d) conditions met <input type="checkbox"/> yes <input type="checkbox"/> no <input type="checkbox"/> Met after Allowance Verified and Acknowledged _____ Examiner's Signature _____ Initials _____		<b>STATE OR COUNTRY</b> CT	<b>SHEETS DRAWING</b> 4	<b>TOTAL CLAIMS</b> 15	<b>INDEPENDENT CLAIMS</b> 42
<b>ADDRESS</b>					
24126					
<b>TITLE</b>					
Asynchronous video interview system					
<b>FILING FEE RECEIVED</b> 345	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:		<input type="checkbox"/> All Fees		
			<input type="checkbox"/> 1.16 Fees ( Filing )		
			<input type="checkbox"/> 1.17 Fees ( Processing Ext. of time )		
			<input type="checkbox"/> 1.18 Fees ( Issue )		
			<input type="checkbox"/> Other _____		
			<input type="checkbox"/> Credit		



## UNITED STATES PATENT AND TRADEMARK OFFICE

UNITED STATES DEPARTMENT OF COMMERCE  
 United States Patent and Trademark Office  
 Address: COMMISSIONER FOR PATENTS  
 P.O. Box 1450  
 Alexandria, Virginia 22313-1450  
 www.uspto.gov



Bib Data Sheet

CONFIRMATION NO. 1380

SERIAL NUMBER 09/580,126	FILING DATE 05/30/2000  RULE	CLASS 705	GROUP ART UNIT 3629	ATTORNEY DOCKET NO. 03046-P0003A	
<b>APPLICANTS</b>  Samuel Louis Iserson, Wilton, CT;  <b>** CONTINUING DATA *****</b>  <b>** FOREIGN APPLICATIONS *****</b>  IF REQUIRED, FOREIGN FILING LICENSE GRANTED ** SMALL ENTITY ** ** 07/28/2000					
Foreign Priority claimed <input type="checkbox"/> yes <input type="checkbox"/> no 35 USC 119 (a-d) conditions met <input type="checkbox"/> yes <input type="checkbox"/> no <input type="checkbox"/> Met after Allowance Verified and Acknowledged _____ Examiner's Signature Initials		STATE OR COUNTRY CT	SHEETS DRAWING 4	TOTAL CLAIMS 15	INDEPENDENT CLAIMS 1
<b>ADDRESS</b> 24126 ST. ONGE STEWARD JOHNSTON & REENS, LLC 986 BEDFORD STREET STAMFORD , CT 06905-5619					
<b>TITLE</b> Asynchronous video interview system					
FILING FEE  RECEIVED 345	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:		<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees ( Filing ) <input type="checkbox"/> 1.17 Fees ( Processing Ext. of time ) <input type="checkbox"/> 1.18 Fees ( Issue ) <input type="checkbox"/> Other _____		